

Application Data Sheet

Application Information

| | |
|----------------------------------|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | ELECTRIC EXERCISE MACHINE FOR TILTING AND INVERTING HUMAN BODY |
| Attorney Docket Number:: | HUANG156 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 2 |
| Small Entity?:: | Yes |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |
| Applicant Information | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Taiwan |
| Status:: | Full Capacity |
| Given Name:: | Chin-Lien |

Middle Name::

Family Name:: HUANG

Name Suffix::

City of Residence:: Taichung

State or Province of Residence::

Country of Residence:: Taiwan

Street of Mailing Address:: 2F, No. 14, Ning Hsia E. 5 St.

City of Mailing Address:: Taichung

State or Province of Mailing Address::

Country of Mailing Address:: Taiwan

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

| | | | |
|---------------|-------------------|---------------|---------------|
| Application:: | Continuity Type:: | Parent | Parent Filing |
| | | Application:: | Date:: |

Foreign Priority Information

| | | | |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| Taiwan | 92202097 | 02/10/03 | Yes |

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::